:.	CLAIMS AS FILED - PART I								••••	•	10	745.95	4
• • :	6ASIC FEE (37 OFR (.16(a))		NUMBER FILEO		(Column 2)		SMALL ENTIT:			OR .	. (OTHER THAI MALL ENTITI	
• •	10TAL CLAIMS (37 CFR 1.16(c))							2	FEE		RAT	E · ta	
	(37 CFR 1.16(b))						x s 2	5.		OR OR	x's 50	7-15	4
- 1	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						x 5 10			OR	x s 20		-1.
	If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II						+ 5:.18			О В	+ <u>3</u> 60	2	7
		•	,	٠ ــــــ		OR	TOTAL						
AMENDMENT B	7/12/00	AMENDME 11 28	S NG Minu Minu Minu	1 42	PRESEN EXTRA R =		RATE x s 25 x s 100 + s 180 TOTAL AOD'L FEE RATE	ADDI- TIONAL FEE	1.	R X + 10 A0	OTH SMAI RATE \$50 = \$200 TAL O'L FEE	ADDITIONAL	
AME	FIRST PRESEN	-	<u>s 100.</u>		OR		50 ₌	FE€ ·					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) (Column 1)							STAL DTAL DOTAL DOTAL		OR OR	+ 3	60°		
AMENDMENT C	 Total	CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT		RATE	ACDI. TIONAL	,	RA	TE	ADDI	
	(31 OFR 1.16(c)) Independent (31 OFR 1.16(b))		Minus		=	× s	25	FEE				TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CO.							1 <u>00.</u>		OR OR	× 5 20	20		
)) • • • • • • • • • • • • • • • • • •	"If the entry in column 1 is tess than the entry in column 2, write "O" in column 3. "If the "Highest Number Previousty Paid For IN THIS SPACE is less than 20, enter "20" TOTAL ADD'L FEE TOTAL OR ADD'L FEE TOTAL OR ADD'L FEE												

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

This "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1, 16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 31 CFR 1, 14. This collection is estimated to take 12 minutes the duding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800.P FO.9199 and select option 2